




STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
ANDREW JACKSON BUILDING, 15TH FLOOR
500 DEADERICK STREET
NASHVILLE, TN 37243

MEMORANDUM

DATE: February 10, 2006
TO: Dentists Providing Waiver Services
FROM: Stephen H. Norris
Deputy Commissioner 
SUBJECT: Change in Process for Requesting Adult Dental Services on the Individual Support Plan

Effective February 20, 2006, the Division of Mental Retardation Services (DMRS) is simplifying the process for requesting adult dental services on the Individual Support Plan.

To request adult dental services on the individual's service plan, the Independent Support Coordinator/case manager will use a generic cost center code having a unit that is equal to \$1.00. The generic cost center code is intended to give authority for all needed dental services up to the approved number of units/dollars which will represent a best guesstimate by the dentist. That is, the dentist will provide a best guesstimate of the cost of services that will be provided - both those that have been predetermined and those that are likely to be evident only after dental services have been initiated (especially when IV sedation or general anesthesia is needed). The best guesstimate will be based on rates and codes listed in **TennCare's Maximum Reimbursement Rate Schedule – Dental Addendum**. The rate schedule for the "Statewide waiver" (attached) is the same for the "Self-Determination" waiver. The rate schedule for the "Arlington" waiver includes a very limited number of additional preventive codes.

The generic cost center code will not be used for hospital outpatient or ASTC facility charges or for sedation/anesthesiology charges billed directly by a nurse anesthetist or an anesthesiologist. Reimbursement for such services must be approved separately by the DMRS Regional Office since these state-funded services can not be billed to the waiver.

As an example, if the best guesstimate by the dentist is that \$3800 in dental services (based on TennCare maximum rates) will be needed by an individual enrolled in the "Statewide waiver", then the Independent Support Coordinator will use the following on the Individual Support Plan:

<u>Service Code</u>	<u>Unit Rate</u>	<u># of Units</u>	<u>Cost</u>
6A100	\$1.00	3800	\$3800

The dentist will then be able to bill up to \$3800 using the specific dental codes listed in TennCare's Maximum Reimbursement Rate Schedule – Dental Addendum and will be subject to such codes and maximum rates.

If the dentist's best guesstimate exceeds the amount of services actually provided, then the dentist will simply bill for those services provided, using the codes and rates in the Maximum Reimbursement Rate Schedule. There will be no carryover of any unused portion of the guesstimate (i.e., the next time the

individual needs dental services, the dentist will need to provide a new best guesstimate of the cost of services).

Once dental services have been initiated, if the dentist's best guesstimate is found to underestimate the amount of services that need to be provided during that specific office visit, the dentist will need to contact the Regional Office for approval of the increased amount. Contact information is provided below:

<u>Regional Office</u>	<u>Contact</u>	<u>Phone Number</u>
West Tennessee	James Wooten (backup) Crisis Pager Line	901-213-1938 1-888-814-8112
Middle Tennessee	Gina Burgess (backup) Crisis Pager Line	615-231-5376 1-615-963-1700
East Tennessee	Debbie Norris (backup) Crisis Pager Line	865-588-0508, extension 142 1-877-831-1695

Dentists will be subject to utilization review by the Division of Mental Retardation Services and/or TennCare to ensure that services are being appropriately utilized.

If you have any questions, please contact the DMRS Regional Office indicated above.

SHN:wlm

cc: Regional Directors
Fred Hix
Lucia Beiler
Larry Latham, Ph.D.
Paula McHenry
Joanna Damons, R.N.
Adadot Hayes, M.D.
Louis Moore, M.D.

Maximum Reimbursement Rate Schedule - Dental Services Addendum
HCBS Waiver for the Mentally Retarded and Developmentally Disabled (#0128.90.R2A) - Effective for Dates of Service
Beginning January 1, 2005

HCPCS	SERVICE DESCRIPTION	RATE	UNIT
D0120	periodic oral exam	\$24.00	Exam
D0140	limited oral evaluation	\$24.00	Exam
D0150	comprehensive oral evaluation	\$35.00	Exam
D0160	detailed & extensive oral evaluation	\$50.00	Exam
D0170	re-evaluation - limited	\$24.00	Exam
D0210	intraoral - complete series	\$75.00	Procedure
D0220	intraoral - periapical 1st film	\$15.00	Procedure
D0230	intraoral - periapical each additional	\$12.00	Procedure
D0240	intraoral - occlusal film	\$15.00	Procedure
D0250	extraoral - 1st film	\$18.00	Procedure
D0260	extraoral - each additional	\$18.00	Procedure
D0270	bitewing - single film	\$14.00	Procedure
D0272	bitewing - two films	\$22.00	Procedure
D0274	bitewing - four films	\$34.00	Procedure
D0277	vertical bitewings - 7 to 8 films	\$40.00	Procedure
D0322	tomographic survey	\$350.00	Procedure
D0330	panoramic film	\$60.00	Procedure
D0340	cephalometric film	\$60.00	Procedure
D0460	pulp vitality tests	\$30.00	Procedure
D0470	diagnostic casts	\$55.00	Procedure
D2140	amalgam - 1 surface - permanent tooth	\$61.00	Procedure
D2150	amalgam - 2 surface - permanent tooth	\$76.00	Procedure
D2160	amalgam - 3 surface - permanent tooth	\$88.00	Procedure
D2161	amalgam - 4+ surface - permanent tooth	\$101.00	Procedure
D2330	composite - 1 surf anterior	\$75.00	Procedure
D2331	composite - 2 surf anterior	\$90.00	Procedure
D2332	composite - 3 surf anterior	\$108.00	Procedure
D2335	composite - 4+ surf anterior	\$143.00	Procedure
D2390	composite crown - anterior - permanent tooth	\$170.00	Procedure
D2391	composite - 1 surf posterior - permanent tooth	\$82.00	Procedure
D2392	composite - 2 surf posterior - permanent tooth	\$100.00	Procedure
D2393	composite - 3 surf posterior - permanent tooth	\$125.00	Procedure
D2394	composite - 4+ surf posterior - permanent tooth	\$173.00	Procedure
D2710	crown - resin indirect	\$163.00	Procedure
D2721	crown - resin/metal base	\$544.00	Procedure
D2722	crown - resin/metal noble	\$560.00	Procedure
D2740	crown - porc/ceramic	\$600.00	Procedure
D2751	crown - porc/metal base	\$544.00	Procedure
D2752	crown - porc/metal noble	\$560.00	Procedure
D2781	crown - 3/4 metal base	\$527.00	Procedure
D2782	crown - 3/4/metal noble	\$529.00	Procedure
D2783	crown - 3/4 porc/ceramic	\$600.00	Procedure
D2791	crown - full metal base	\$527.00	Procedure
D2792	crown - full metal noble	\$529.00	Procedure
D2920	recement crown	\$50.00	Procedure
D2931	crown - stainless steel permanent	\$157.00	Procedure
D2932	crown - prefab resin	\$165.00	Procedure
D2933	crown - stainless steel w/ window	\$174.00	Procedure
D2940	sedative filling	\$53.00	Procedure
D2950	core buildup w/ pins	\$130.00	Procedure
D2951	pin retention - per tooth	\$36.00	Procedure
D2952	cast post & core	\$200.00	Procedure
D2953	each additional cast post	\$109.00	Procedure
D2954	prefab post & core	\$170.00	Procedure
D2955	post removal	\$85.00	Procedure
D2957	each additional prefab post	\$90.00	Procedure

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D2970	temporary crown - fractured tooth	\$128.00	Procedure
D2980	crown repair	\$45.00	Procedure
D3220	pulpotomy	\$95.00	Procedure
D3221	gross pulpal debridement	\$98.00	Procedure
D3310	root canal - anterior	\$355.00	Procedure
D3320	root canal - bicuspid	\$425.00	Procedure
D3330	root canal - molar	\$519.00	Procedure
D3331	treatment of root canal obstruction	\$131.00	Procedure
D3332	incomplete endodontic therapy	\$145.00	Procedure
D3333	internal root repair - perforation	\$113.00	Procedure
D3346	retreatment - anterior	\$507.00	Procedure
D3347	retreatment - bicuspid	\$555.00	Procedure
D3348	retreatment - molar	\$661.00	Procedure
D3351	apexification - initial	\$201.00	Procedure
D3352	apexification - interim	\$91.00	Procedure
D3353	apexification - final	\$139.00	Procedure
D3410	apicoectomy - anterior	\$349.00	Procedure
D3421	apicoectomy - bicuspid	\$363.00	Procedure
D3425	apicoectomy - molar	\$393.00	Procedure
D3426	apicoectomy - additonnal root	\$185.00	Procedure
D3430	retrograde filling - per root	\$136.00	Procedure
D3450	root amputation - per root	\$274.00	Procedure
D4210	gingivectomy - 4+ teeth	\$330.00	Procedure
D4211	gingivectomy - 1 to 3 teeth	\$99.00	Procedure
D4240	gingival flap - 4+ teeth	\$331.00	Procedure
D4241	gingival flap - 1 to 3 teeth	\$83.00	Procedure
D4341	scaling and root planing - 4+ teeth	\$135.00	Procedure
D4342	scaling and root planing - 1 to 3 teeth	\$34.00	Procedure
D4355	full mouth debridement	\$95.00	Procedure
D5110	complete denture - max	\$724.00	Procedure
D5120	complete denture - mand	\$724.00	Procedure
D5130	immediate denture - max	\$750.00	Procedure
D5140	immediate denture - mand	\$751.00	Procedure
D5211	partial denture - resin max	\$549.00	Procedure
D5212	partial denture - resin mand	\$554.00	Procedure
D5213	partial denture - metal max	\$800.00	Procedure
D5214	partial denture - metal mand	\$800.00	Procedure
D5281	removable unilateral denture	\$480.00	Procedure
D5410	adjustment - complete max	\$42.00	Procedure
D5411	adjustment - complete mand	\$45.00	Procedure
D5421	adjustment - partial max	\$45.00	Procedure
D5422	adjustment - partial mand	\$44.00	Procedure
D5510	repair - complete denture	\$100.00	Procedure
D5520	repair - missing/broken teeth	\$85.00	Procedure
D5610	repair - denture base	\$95.00	Procedure
D5620	repair - cast framework	\$150.00	Procedure
D5630	repair - broken clasp	\$125.00	Procedure
D5640	replace broken teeth	\$85.00	Procedure
D5650	add tooth - partial	\$105.00	Procedure
D5660	add clasp - partial	\$125.00	Procedure
D5670	replace all teeth - maxillary	\$170.00	Procedure
D5671	replace all teeth - mandibular	\$170.00	Procedure
D5710	rebase - complete dent - max	\$275.00	Procedure
D5711	rebase - complete dent - mand	\$264.00	Procedure
D5720	rebase - partial dent - max	\$258.00	Procedure
D5721	rebase - partial dent - mand	\$256.00	Procedure

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D5730	reline- complete dent max chair	\$175.00	Procedure
D5731	reline - complete dent mand chair	\$175.00	Procedure
D5740	reline - partial dent max chair	\$148.00	Procedure
D5741	reline - partial dent mand chair	\$148.00	Procedure
D5750	reline- complete dent max lab	\$228.00	Procedure
D5751	reline - complete dent mand lab	\$220.00	Procedure
D5760	reline - partial dent max lab	\$213.00	Procedure
D5761	reline - partial dent mand lab	\$213.00	Procedure
D5810	interim complete dent - max	\$398.00	Procedure
D5811	interim complete dent - mand	\$428.00	Procedure
D5820	interim partial dent - max	\$308.00	Procedure
D5821	interim partial dent - mand	\$326.00	Procedure
D5850	tissue conditioning - max	\$75.00	Procedure
D5851	tissue conditioning - mand	\$79.00	Procedure
D5860	overdenture - comp - by report	\$724.00	Procedure
D5861	coverdenture - partial - by report	\$724.00	Procedure
D5862	precision attachment - by report	\$125.00	Procedure
D5867	replacement of prec attachment	\$75.00	Procedure
D6211	pont crown - metal base	\$527.00	Procedure
D6212	pont crown - metal noble	\$529.00	Procedure
D6241	pont crown - porc/metal base	\$544.00	Procedure
D6242	pont crown - porc metal noble	\$560.00	Procedure
D6245	pont crown - porc/ceramic	\$600.00	Procedure
D6251	pont crown - resin/metal base	\$544.00	Procedure
D6252	pont crown - resin/metal noble	\$560.00	Procedure
D6545	retainer - met for resin bonded	\$415.00	Procedure
D6548	retainer - porc/cer for resin bonded	\$272.00	Procedure
D6721	crown - resin/metal base	\$544.00	Procedure
D6722	crown - resin/metal noble	\$560.00	Procedure
D6740	crown - porc/ceramic	\$600.00	Procedure
D6751	crown - porc/metal base	\$544.00	Procedure
D6752	crown - porc/metal noble	\$560.00	Procedure
D6781	crown - 3/4 metal base	\$585.00	Procedure
D6782	crown - 3/4 metal noble	\$527.00	Procedure
D6783	crown - 3/4 porc/ceramic	\$529.00	Procedure
D6791	crown - full metal base	\$527.00	Procedure
D6792	crown - full metal noble	\$529.00	Procedure
D6920	connector bar	\$113.00	Procedure
D6930	recement bridge	\$74.00	Procedure
D6940	stress breaker	\$149.00	Procedure
D6950	precision attachment	\$298.00	Procedure
D6970	cast post & core	\$200.00	Procedure
D6971	cast post & core - part of bridge	\$191.00	Procedure
D6972	prefab post & core	\$170.00	Procedure
D6973	core buildup & pins	\$130.00	Procedure
D6975	coping - metal	\$390.00	Procedure
D6976	each additional cast post	\$109.00	Procedure
D6977	each additional prefab post	\$90.00	Procedure
D6980	bridge repair - by report	\$75.00	Procedure
D6985	pediatric partial denture	\$75.00	Procedure
D7140	extraction - erupted or exposed root	\$68.00	Procedure
D7210	extraction - surgical	\$133.00	Procedure
D7220	impaction - soft tissue	\$169.00	Procedure
D7230	impaction - partially bony	\$220.00	Procedure
D7240	impaction - completely bony	\$255.00	Procedure
D7241	impaction - completely bony - comp	\$356.00	Procedure

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HCPCS	SERVICE DESCRIPTION	RATE	UNIT
D7250	surgical removal of residual roots	\$148.00	Procedure
D7260	oroantral fistula closure	\$882.00	Procedure
D7270	tooth reimplantation	\$278.00	Procedure
D7272	tooth transplantation	\$443.00	Procedure
D7280	surgical access of unerupted tooth	\$241.00	Procedure
D7281	surgical exposure for eruption	\$174.00	Procedure
D7282	mobilization of erupted tooth	\$174.00	Procedure
D7285	biopsy - hard	\$153.00	Procedure
D7286	biopsy - soft	\$143.00	Procedure
D7310	alveoloplasty w/ extractions	\$133.00	Procedure
D7320	alveoloplasty w/o extractions	\$182.00	Procedure
D7410	excision benign - 1.25 cm	\$176.00	Procedure
D7413	excision malignant - 1.25 cm	\$395.00	Procedure
D7440	excision malignant tumor - 1.25 cm	\$395.00	Procedure
D7450	removal odontogenic - 1.25 cm	\$266.00	Procedure
D7460	removal nonodontogenic - 1.25 cm	\$209.00	Procedure
D7465	destruction by physical/chemical	\$175.00	Procedure
D7471	removal of lateral exostosis	\$154.00	Procedure
D7472	removal of torus palatinus	\$154.00	Procedure
D7473	removal of torus mandibularis	\$154.00	Procedure
D7485	surgical reduction of tuberosity	\$154.00	Procedure
D7510	incision & drainage - intraoral	\$121.00	Procedure
D7530	removal of foreign body	\$116.00	Procedure
D7540	removal of reaction-prod bodies	\$307.00	Procedure
D7880	occlusal orthotic device - by report	\$413.00	Procedure
D7970	excision of hyperplastic tissue	\$110.00	Procedure
D7971	excision of pericoronal gingiva	\$116.00	Procedure
D7972	surgical red of fibrous tuberosity	\$75.00	Procedure
D7997	appliance removal	\$188.00	Procedure
D9110	palliative treatment	\$50.00	Procedure
D9210	local anesthesia w/o procedure	\$18.00	Procedure
D9211	regional block anesthesia	\$26.00	Procedure
D9212	trigeminal division block anesthesia	\$53.00	Procedure
D9215	local anesthesia	\$18.00	Procedure
D9220	general anesthesia - 1st 30 min	\$233.00	Procedure
D9221	general anesthesia - each 15 min	\$79.00	Procedure
D9230	analgesia	\$30.00	Procedure
D9241	iv sedation - 1st 30 min	\$197.00	Procedure
D9242	iv sedation - each 15 min	\$71.00	Procedure
D9248	non-intravenous conscious sedation	\$89.00	Procedure
D9610	therapeutic drug injection	\$26.00	Procedure
D9630	other drugs/meds, by report	\$27.00	Procedure
D9910	desensitizing medicament	\$22.00	Procedure
D9911	descensitizing resin	\$41.00	Procedure
D9940	occlusal guard	\$275.00	Procedure
D9971	odontoplasty	\$62.00	Procedure